

Exhibit 1

05-102
(Rev.9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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2 0 2 4

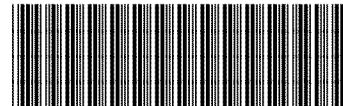
You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name NORTHWEST ANESTHESIA PAIN SERVICES		<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 7010 CHAMPIONS PLAZA DRIVE STE 400		Secretary of State (SOS) file number or Comptroller file number 0081597103	
City HOUSTON	State TX	ZIP code plus 4 77069	

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 7010 CHAMPIONS PLAZA DRIVE ST, HOUSTON, TX, 77069
Principal place of business 7010 CHAMPIONS PLAZA DRIVE ST, HOUSTON, TX, 77069

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000015

*Please sign below!***This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name CHAUNCEY JONES	Title VICE-PRESIDENT	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 7010 CHAMPIONS PLAZA 400	City HOUSTON	State TX	ZIP Code 77069
Name JENNIFER YOUNGBLOOD	Title PRESIDENT	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 7010 CHAMPIONS PLAZA 400	City HOUSTON	State TX	ZIP Code 77069
Name GEORGE SKARIA	Title TREASURER	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 7010 CHAMPIONS PLAZA 400	City HOUSTON	State TX	ZIP Code 77069

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution BEST CHOICE ANESTHESIA & PAIN	State of formation TX	Texas SOS file number, if any 0801734026	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution BAYOU ANESTHESIA & PAIN PLLC	State of formation TX	Texas SOS file number, if any 0800916784	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent: **DENNIS MUNDY**

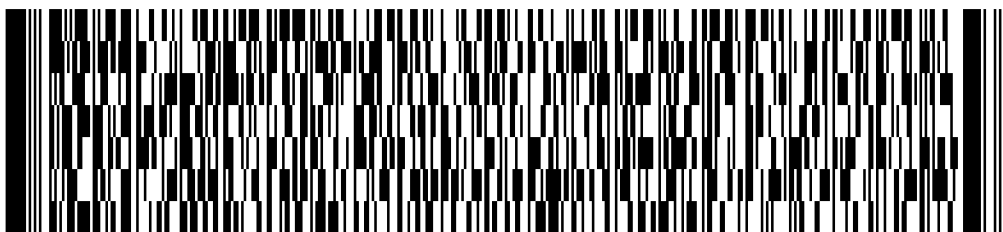
You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

Office: 311 HOLDERRIETH BLVD	City TOMBALL	State TX	ZIP Code 77375
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here JENNIFER YOUNGBLOOD	Title PRESIDENT	Date 09/26/2024	Area code and phone number (281) 880 - 9180
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Texas Comptroller Official Use Only

VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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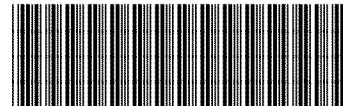
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Taxpayer name NORTHWEST ANESTHESIA PAIN SERVICES		<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.	
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City HOUSTON	State TX	ZIP code plus 4 77069	

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Name ZAID MALIK	Title SECRETARY	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address 7010 CHAMPIONS PLAZA 400	City HOUSTON	State TX	ZIP Code 77069
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution LONESTAR ANESTHESIA SOLUTIONS	State of formation TX	Texas SOS file number, if any 0802450001	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution LONESTAR SPINE & PAIN CONSULT	State of formation TX	Texas SOS file number, if any 0802897271	Percentage of ownership 100.000

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

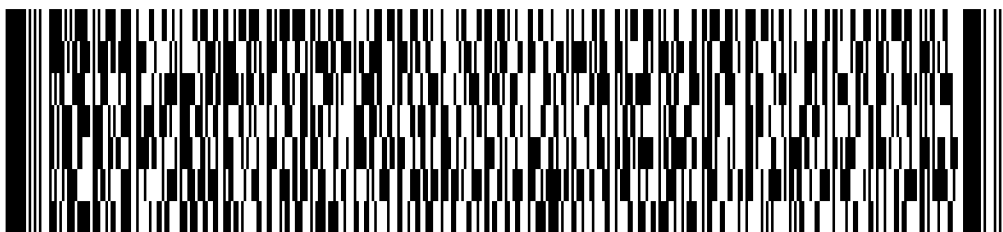
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: DENNIS MUNDY			
Office: 311 HOLDERRIETH BLVD	City: TOMBALL	State: TX	ZIP Code: 77375

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sign here JENNIFER YOUNGBLOOD	Title PRESIDENT	Date 09/26/2024	Area code and phone number (281) 880 - 9180
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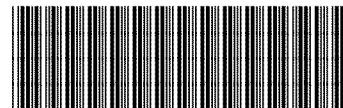
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Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
Mailing address	City	State	ZIP Code	

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution SPRING WOODLANDS ANESTHESIA	State of formation TX	Texas SOS file number, if any 0802543970	Percentage of ownership 100.000
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

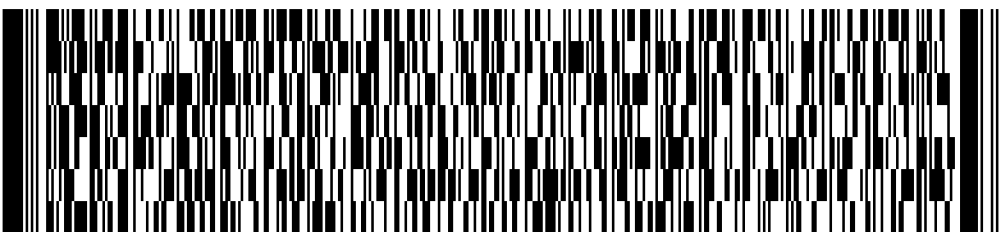
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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